

U.S. UTILITY PATENT APPLICATION

DRP O.I.P.E. m/m SCANNED <u>cl</u> Q.A. <u>RE</u>	PATENT DATE
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TITLE	APPLICANTS
1. <i>General</i>	
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Diagnosis of spongiform diseases

TIME

ISSUING CLASSIFICATION

[illegible]

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	Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims	Print Claim for O.G.
<input type="checkbox"/> a) The term of this patent subsequent to _____ (date) has been disclaimed.	_____ (Assistant Examiner) (Date)			NOTICE OF ALLOWANCE MAILED 	
<input type="checkbox"/> b) The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____ 	_____ (Primary Examiner) (Date)			ISSUE FEE Amount Due Date Paid	
<input type="checkbox"/> c) The terminal _____ months of this patent have been disclaimed.	_____ (Legal Instruments Examiner) (Date)			ISSUE BATCH NUMBER	

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